TVSEF Designated Supervisor Form (TVSEF-3)

Required if project uses hazardous materials or devices.

Student's Name:		
Title of Project:		
To be completed by the Designated Supe		
Name:		
Position:		
Institution:		
Address:		
Phone:		
List or describe all hazardous substance	es and devices used in this research:	
I certify that I have been trained in the technique start of experimentation and that I will provide di		
Designated Supervisor's Printed Name	Signature	